

MANAGER'S TOOLKIT

The New Initiative Application Form

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Manager's Toolkit

The New Initiative Application Form

Once an initiative is in place, it is often difficult to recall who initially championed the initiative, what prompted its introduction, how it was meant to further the district's strategic objectives, how success was defined, how it was meant to be measured, and what data was to be tracked. To address this challenge on a go-forward basis, DMGroup has developed a New Initiative Application Form that we recommend districts incorporate. Requiring this short form up front when a new initiative is introduced helps to ensure alignment of resources to strategic objectives, facilitate progress monitoring, and increase accountability.

New Initiative Application Form				
Initiative Name:				
Date:				
Proposed by:				
Initiative Lead Who is to be responsible for this initiative?				
Strategic Goal Alignment Which of the district's strategic goals or priorities does this initiative support?				
Initiative Description Provide a short description of the initiative. How does this initiative work?				
District Need Addressed What need in the district does this program address? Provide a short explanation.				

jectives What is this initiative d	esigned to achieve? Provide a goal or	short list of its goals.	
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	Who is this initiative meant to suppor		
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mpuses Affected Where will	this initiative take place? List the scho	ool levels or specific school sites that	t this initiative will impact.
	Please include how you will know if		you propose to measure its success
finitions should be SMART (Specifi	c, Measurable, Achievable, Relevant,	and Time-bound).	
ta Source(s) List the data source	ces you will use to measure success for t	his program, including any assessment	ts, demographic data, and qualitative d
ternal Partner(s) If applicable	, list any parties outside of the district v	vho will be involved with the initiative	and the role the partner will play.
source Overview Provide a s	short list of the resources you expect t	he initiative to require, specified as fo	ollows:
Start-up costs:		Ongoing costs:	
Item:	\$	Item:	\$
Item:	\$	Item:	\$
Item:	\$	Item:	\$
Item:	\$	Item:	\$
Staff positions: Who will work on the	he initiative? (Please specify full-time or par	t-time.)	
Title:	□FT □PT	Title:	□ FT □ PT
Title:	☐ FT ☐ PT	Title:	□FT □PT
Title:		Title:	☐ FT ☐ PT
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